

Children's Dental Services

Preventive Services

	ls th	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	
Cleanings	х				CHIP covers preventive dental services up to a \$250 limit per 12-month period. Once the limit is reached, children can receive additional preventive dental services if the family pays the full cost	
Fluoride treatments (including fluoride varnishes)			X			
Sealants (list any tooth-specific limits)	x				Limited to one tooth per lifetime. CHIP covers preventive dental services up to a \$250 limit per 12-month period. Once the limit is reached, children can receive additional preventive dental services if the family pays the full cost	
Space maintainers			Х			

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Diagnostic Services

	ls th	ne service Cover	red?		List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No	Frequency		
Dental examinations						
	Х					
X-Rays						
Bitewing						
Full Mouth					Intraoral Complete Series – limited to one per 36 months;	
Panoramic					Panoramic Film – limited to one for age 5 through 9 and one for age 10 through 18. Limited to one per five years. CHIP covers preventive dental services up to a \$250 limit per 12-month period. Once the limit is reached, children can receive additional preventive dental services if the family pays the full cost	

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Treatment Services

	Is th	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Fillings	•					
Silver amalgam	Х				One per tooth per 12 months. The limit for all therapeutic services is \$280 for Level I; \$425 for Level II; and \$565 for Level III	
Tooth colored composite	Х				One per tooth per 12 months. The limit for all therapeutic services is \$280 for Level I; \$425 for Level II; and \$565 for Level III	
Crowns/tooth caps						
Stainless steel crowns	Х				One per tooth per lifetime for primary teeth and one per tooth per lifetime for permanent teeth.	
Metal (only) crowns	х				One per tooth per 5 years. The limit for all therapeutic services is \$280 for Level I; \$425 for Level II; and \$565 for Level III. (See explanation below.)	
Metal/porcelain crowns	х				One per tooth per 5 years. The limit for all therapeutic services is \$280 for Level I; \$425 for Level II; and \$565 for Level III. (See explanation below.)	

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	Is the service Covered?		red?			
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Porcelain (only) crowns			Х			
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X				limit for all therapeutic services is \$280 for Level I; \$425 for Level II; and \$565 for Level III	
Root canals on permanent teeth	X				One per tooth per lifetime. The limit for all therapeutic services is \$280 for Level I; \$425 for Level II; and \$565 for Level III	
Gum (periodontal) therapy						
			Х			
Dentures						
Partial dentures			Х			
Complete dentures			Х			
Bridges			Х			
Orthodontics*						
Retainers (orthodontic)			Х			
Braces			Х			

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	Is the service Covered?		red?	?		
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Oral surgery						
Simple extractions	X					
Surgical extractions	Х					
Care of abscesses	Х				Must meet the Texas CHIP definition for a Medically Necessary Covered Service	
Cleft palate treatment	Х				Must meet the Texas CHIP definition for a Medically Necessary Covered Service	
Cancer treatment		X			Must meet the Texas CHIP definition for a Medically Necessary Covered Service	
Treatment of fractures	Х				Must meet the Texas CHIP definition for a Medically Necessary Covered Service	
Biopsies	Х				Must meet the Texas CHIP definition for a Medically Necessary Covered Service	
Treatment of jaw joint problems (TMJ)						
			Х			
Emergency room services provided by	a dentist					
	X				Emergency dental services, limited to fractured or dislocated jaw, traumatic damage to teeth, and removal of cysts	

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	Is the service Covered?					
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Inpatient Hospital Services						
	Х				Must meet the Texas CHIP definition for a Medically Necessary Covered Service	
Anesthesia						
General anesthesia						
Intravenous conscious sedation						
Non-intravenous conscious sedation						
Analgesia (nitrous oxide)						

^{*} When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).

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